



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

Email Address: beth.coffey@rushmemorial.com

Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6336893
Outpatient Patient Service Revenue	\$94186401
Total Gross Patient Service Revenue	\$100523294

2. Deductions From Revenue

Contractual Allowance	\$56185343
Other Deductions	\$666096
Total Deductions	\$56851439

3. Total Operating Revenue

Net Patient Service Revenue	\$43671855
Other Operating Revenue	\$1788502
Total Operating Revenue	\$45460357

4. Operating Expenses

--	--	--	--

Salaries and Wages	\$17643537	Employee Benefits	\$3878518
Depreciation and Amortization	\$1878826	Interest Expense	\$142404
Bad Debt	\$5123136	Other Expenses	\$15964284
Total Operating Expenses	\$44630705		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$829654	Total Assets	\$41325541
Net Non-operating Gains over Loss	\$833149	Total Liabilities	\$25380516
Total Net Gains	\$1662803		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51724571	\$32426054	\$19298517
Medicaid	\$16160090	\$11832897	\$4327193
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32638633	\$12592488	\$20046145
Total	\$100523294	\$56851439	\$43671855

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$32346	\$-32346
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	n/a
Number of Hospital Patients Educated	n/a
Number of Citizens Exposed to Health Education Messages	n/a

Statement Six: Charity Statement

Hospital Charity Charges \$124766

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$393,973		

Subtotal	\$393973	\$0	\$393973
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$393973	\$0	\$393973

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1482	\$-1482
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//